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_			<u> </u>	Applica	on Number	09/396,266		
TRANSMITTAL		Filing Date		September 15, 1999				
FORM		First Named Inventor		Thomas H. Peterson				
(to be	(to be used for all correspondence after initial filing)		Group Art Unit		1713			
		Examiner Name		Not Assigned				
Total No	ımber of Pages in Th	nis Submission	6	Attorney Docket Number		1998U007A.US		
	ENCLOSURES (check all that apply)							
	Fee Transmittal Preliminary Ame After Fi Affidav Extension of Tin Express Abando Information Disc Certified Copy of Documents)	endment / Respinal its/declaration(ne Request onment Request slosure Stateme	s) st		Assignment Pape (for an Application Drawing(s) Licensing-related Petition Routing S and Accompanyin To Convert a Prov Application Power of Attorney Change of Corres Address	Papers lip (PTO/SB/69 g Petition visional		After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Additional Enclosure(s)
Response to Missing Part/ Incomplete Application Response to Missing Parts		Terminal Disclaimer Request for Refund REMARKS				(please identify below):		
C:		S	IGNAT	URE OF	APPLICANT, ATTO			
Firm Or Individual name Lisa Kimes Jones			\		Registration	41,878		
Signatu	ıre	so In	رن	mes.				
Date	Date							
		· · · · · · · · · · · · · · · · · · ·		CEI	RTIFICATE OF MA	LING		
I hereby certify having information and a reasonable basis for belief that this correspondence will be deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: December 15, 1999								
Typed	or printed name	Regina A.Tu				<u> </u>		
Signatu	ıre	Kley	ia	A-	Tucker	Date	Decembe	r 15, 1999

				omplete if Kn	own	
FEE TRANSMETAL.	Application Number 09/396,266					
FEE TRANSING TAL	Filing Date	е		September 11	15, 1999	
Note: Effective November 10, 1998/	Inventors			Thomas H. Pe	eterson	
Patent fees are subject to annual recision.	Group Art	Unit		1713		
Total Amount of Payment (\$) 240 (\$)	xaminer	Name		Unassigned		
TOTAL PRINCIPLE OF A STRICT	Attorney [Oocket Nu		1998U007A.U	1000	
METHOD OF PAYMENT (check one)			FEE CA	LCULATION (continued)	
	3. ADDI	TIONAL FI	EES			
The Commissioner is hereby authorized to charge indicated fees and credit any over payment to: The Open Payment Pa		_arge Entity	/ Fe	e Description		FEES PAID
Deposit Account Number: 50-0589	105 1	130 S	urcharge -	late filing fee o	r oath	130.00
Deposit Account Name: Univation Technologies, LLC	127 5	50 S	urcharge –	late provisiona	I filing or cover sheet.	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Charge the Issue Fee Set in 37 CFR 1.18 at the	139 1	130 N	lon-Engilish	specification		
Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance	147 2	2,520 F	or filing a re	equest for reexa	amination	
FEE CALCULATION 1. FILING FEE	112 9		tequesting p	oublication of S	IR prior to Examiner	
Large Entity Fee Description Fee Paid Fee Code Fee \$ 101 760 Utility filing fee	113 1	•	tequesting p	oublication of S	IR after Examiner	
106 310 Design filing fee	115 1	110 E	xtension for	r reply within fir	st month	110.00
107 480 Plant filing fee 108 760 Reissue filing fee	116 3	380 E	xtension for	r reply within se	econd month	
114 150 Provisional filing fee	117 8	370 E	xtension for	r reply within th	ird month	
SUBTOTAL (1)	118 1	1,360 E	xtension for	r reply within fo	urth month	
2. CLAIMS Extra Fee from below Fee Paid	128 1	1,850 E	xtension for	r reply within fif	th month	
Total Claims 20 = x =	119 3	300 N	lotice of App	oeal		
Independent [70]	120 3	300 F	iling a brief	in support of a	n appeal	
Claims	121 2	260 R	lequest for o	oral hearing		
Multiple Dependent Claims x 260.00 =	138 1	1,510 P	etition to ins	stitute a public	use proceeding	
Large Entity Fee Code Fee\$ Fee Description	140 1	110 P	etition to re	vive – unavoida	able	
103 18 Claims in excess of 20	141 1	1,210 P	etition to re	vive – unintenti	ional	
102 78 Independent claims in excess of 3		•	•	ee (or reissue)		
104 260 Multiple dependent claim			esign issue			
109 78 Reissue independent daims over original patent			lant issue fe		•	
110 18 Reissue claims in excess of 20 and over				e Commissione	er nal applications	
original patent				•	Disclosure Stmt.	
SUBTOTAL (2)		-			gnment per property	
				er of properties		
	146 7		iling a subm .129(a)	nission after fin	al rejection (37 CFR	
	•	C	or each add FR 1.129(b		n to be examiner (37	
	Other fee (specify) * Reduced by Basic Filing Fee Paid					
20	SUBTOTA				<u> </u>	240.00
Typed or Printed Name Lisa Kirrles Jodes		Reg. No	b. 41,8	378	Deposit Account	
Signature // se /neo /oe	2	Date	Decembe	er 15 <u>,</u> 1999	User ID	





UNITED S1. ES DEPARTMENT OF COMMERCE Patent and Trademark Offi e

Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

ATTORNEY DOCKET NO./TITLE

APPLICATION NUMBER

Harris TX Take

FIRST NAMED APPLICANT

THE COME TO SHOULD BE ENDED IN FOR 5年6月1日4日 178日12年,新日17日,1951年

1. 化邻亚酚磺胺基

DATE MAILED:

NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1:136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

		within the period set above, the total amount owed by applicant as	a
ine statutory basis	c filing fee is:	·	
claiming such state The following addition	omit \$ us (37 CFR 1.27), tional claims fees are	to complete the basic filing fee and/or file a small entity statemedue:	nent
\$	for	total claims over 20.	
\$	_for	independent claims over 3.	
\$ Applicant must ei	for multiple depend ther submit the addit	dent claim surcharge. tional claim fees or cancel additional claims for which fees are due.	
is missing or undeclarated an oath or declarated	ation. nsigned. the newly submitted tion in compliance w	litems.	
 4. The signature(s) to 1.43 or 1.47. 	the oath or declarati	ion is/are by a person other than inventor or person qualified under 37 C	Olication by CFR 1.42,
		compliance with 37 CFR 1.63, identifying the application by the above	
3. The signature of the	following joint inven	tor(s) is missing from the oath or declaration:	96266
		th 37 CFR 1.63 listing the names of all inventors and signed by the omit by the above Application Number and Filing Date, is required.	 ted ⁵
7. Your filing receipt was 8. The application was	is mailed in error bed filed in a language of	cause your check was returned without payment (3? CFR 1.21(m)).	9 500589
previously submitte 9. OTHER:	d, and a statement to	ther than English. Installation of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless that the translation is accurate (37 CFR 1.52(d)).	00000089 30.00 CH
rect the reply and any qu	estions about this no	otice to "Attention: Box Missing Parts."	<u> </u>
A	copy of this r	notice MUST be returned with the reply.	МАВА
Trilled	d Cot Dra		12/21/1999 MABAWI 01 FC:105
Istomer Service Center	Nicialan (200) and	Dram	2/21 1 FC
tial Patent Examination D	iivision (703) 308-12	BEST AVAILABLE COPY	# O

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